

TOWN of BROOKLINE

Massachusetts

B UILDING DEPARTMENT

Daniel F. Bennett Building Commissioner

APPLICATION FOR CERTIFICATE OF INSPECTION

Date:	Oate: Use Group:		
STATE BUILDING	CODE, 8 TH EDITION, AS AM	780 CMR, TABLE 110 THE MASSA ENDED, I HEREBY APPLY FOR A EEMISES/BUSINESS AT THE FOLI	CERTIFICATE
NAME OF PREMIS	SES/BUSINESS:		
ADDRESS OF PRE	MISES/BUSINESS:		
USE OF PREMISES	S:		
SEATING CAPACI	TY:		
MANAGERS NAM	E:		
24 HOUR CONTAC	CT PHONE NUMBER:		
SIGNATURE AND	NAME OF PERSON TO V	YHOM CERTIFICATE IS ISSUE	D:
SIGNATURE:			
PRINT NAME:			
INSTRUCTIONS:			
 Application Submit control All exit single Malfunction and free one Failure to result in some Return control Brookline 	on must be received prior to the isopies of Annual Fire Alarm and S gns and emergency lights should oning devices must be repaired in f debris & combustibles. complete application with requires uspension of common victualler mpleted application to the Brook et MA 02445.	prinkler Test Reports. be tested to verify they are in good wormmediately. Mechanical & Boiler Roor ed documents and return to the Building s licenses and/or enforcement action by line Building Department, 333 Washing	rking order. ns should be cleaned g Department may the Town. gton Street,
***YOUR CURR	ENT CERTIFICATE OF INSI	PECTION WILL EXPIRE DECEMBE	EER 31ST 2013 ***
*** <u>N(</u>) FEE REQUIRED*** <u>NO FE</u>	E REQUIRED*** <u>NO FEE REQUIRE</u>	<u>CD</u> ***
Certificate No.	Issued Date	Expiration Date	Approved by